

ing great exhaustion from numerous movements and the septic condition which soon ensues. Sometimes large casts of mucosa are expelled, as also casts of mucous and fibrin. These latter are most fatal and should they recover from the acute symptoms, very often lapse into a sub-acute or chronic condition which may last for years with periods of abatement and exacerbation of symptoms.

The author reviews the symptomatology and states that a diagnosis might be overlooked without the aid of the microscope, which, if put into more general use by clinicians, in the South especially, would reveal heretofore unsuspected cases as of this origin.

In reciting the sequelae and gross intestinal pathology in a series of twenty-five cases, the author refers to many features, and states that in two recently treated cases, small openings or ulcers extended into extensive sub-mucous abscesses.

Often the intestinal mucosa presents only slight ulceration, or a general red granular appearance, or is perhaps edematous, and though these are amebic, a mixed infection is thought accountable for certain phases of this process, for the amebae prefer the juicy sub-epithelial structures, and the pathology is chiefly sub-epithelial. The colon bacilli and streptococci are accorded importance in part of the inflammatory process, especially in the rectum. Thus is explained the great difference in the character of the ulcers found there and those seen in the higher portions of the colon.

Autopsy in one case showed marked strictures and thickening of rectal wall, while in the splenic flexure, which was the seat of fatal perforative ulceration, the ulcers were sharp cut, round and oval seen through a thin gut with only lightly adherent omentum covering the perforation.

Periods of exacerbation and abatement of symptoms in these chronic cases are due to several causes, chiefly the difference in ac-

tivity and virulence of different generations of this protozoa. Certain differences exist also in activity in sporulation and in the process of encystation.

In the twenty-five cases cited by the author he noted four cases in which infection in the liver was diagnosed, two of which were verified by operation; five cases of stenosis, more or less marked; two cases of valvular stenosis; two perforations, one of which was verified by autopsy; one case in which casts of mucosa were expelled; one case from which seven adenomata were removed from the upper rectum; in three cases jaundice was marked; three cases had hemorrhoids and one case had rectal abscess and fistula; one case suffered an impaction in the sigmoid, the size of a fetal head, the result of stenosis below and thinning of the musculosa above; one case had infected gall bladder which required drainage; in four cases appendiceal involvement was diagnosed; in one case in which appendicostomy was performed, adhesions were found, the result of an attack since the dysentery was established, and in this case great thickening of the peritoneum and a tubercular family history afforded reason for suspecting a tubercular complication. However, Lewis' law could not be verified.

In the treatment of these cases the author first emphasizes the importance of a properly selected diet. He uses solutions of formalin and boric acid and formalin and copper phenol-sulphonate in high irrigations. His topical applications through the sigmoidoscope he uses varying strength solutions of silver nitrate, followed by instillations of boric acid, aretol, iodoform or bismuth subnitrate in olive oil. The washing away of necrotic material and the infectious organisms explains in part the action of the irrigations, but they also stimulate the vaso-motor supply, relieve congestion and stosis, increase the supply of blood to the parts and perhaps aid in the development of antitoxic bodies. (A. B. C.)

DERMATOLOGY

LUPUS ERYTHEMATOSUS.

(J. P. Kanoky, Kansas City, Mo., Med. Rec., Sept. 12, 1908.)

Kanoky reports six cases from which he decides that the iodide-quinine, or iodide-salicin, method of treatment gives excellent results, especially when used early in the disease. In cases of long standing he recommends the local application of salicylic-pyrogallic-collodion. He finds the x-rays of value in some cases.—(J. M. K.)

LIQUID CARBON DIOXIDE IN DERMATOLOGY.

Pusey was the first to call attention to C.O.₂ in dermatology. Since he gave his reports it has been used by many. The gas from the large iron cylinder ordinarily used by the maker of carbonated water, is the material that is used. A chamois skin with a sort of pocket made in the middle of it is used to collect the carbonic snow from the valve of the cylinder. The snow can be

moulded to fit any size lesion and is placed on until the desired extent of freezing is produced; after a time a mild sloughing follows. It may be used with benefit in lupus-vulgaris, warts, nevi(such as birth-marks), epitheliomata, etc.—(J. M. K.)

QUININE IN DERMATITIS EXFOLIATIVA.

(Journal Cut. Dis., W. H. Mook, St. Louis, Mo.)

Mook reports six cases in which he used quinine in larger doses, with striking tolerance. The urine showed no hematuria or albuminuria, even when 80 or 85 grains were given in 12 hours. Cinchonism was produced to the extent of extreme tinnitus aurium before the dose was reduced. The effect in all cases was noticed within a few days, the subsidence of the exfoliation and the reduction of the erythema and edema were rapid. In one patient the reduction of the dose from 60 grains daily to 20 grains allowed a slight relapse, which was controlled by raising the dose again.—(J. M. K.)

EYE, EAR, NOSE AND THROAT

THE STATUS LYMPHATICUS, WITH PARTICULAR REFERENCE TO ANESTHESIA IN ADENOID AND TONSIL OPERATIONS.

(W. Humes Roberts, Pasadena, Cal., in September *Laryngoscope*.)

Dr. Roberts was led to look into the subject on account of so many deaths having occurred recently under general anesthesia in

and around Los Angeles. The cause of death under general anesthesia has been ascribed by most investigators to the "Status Lymphaticus," or the lymphatic constitution. In nearly all cases in which the status lymphaticus has been demonstrated at autopsy, enlargement of the thymus gland has been found. This enlargement, associated with sudden death, was first mentioned by Bichat in 1723. Copp called attention to it in 1829. Jacobi, in this country, and Grawitz, in Germany, took